

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH DENVER, COLORADO 80246

EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL (EMPAC) FEBRUARY 13, 2012 DRAFT MINUTES

CALL TO ORDER
William Dunn, EMPAC Chair

William Dunn, EMPAC Chair, called the February 13, 2012 Emergency Medical Practice Advisory Council (EMPAC) to order at approximately 9:02 a.m. at the Colorado Department of Public Health and Environment, Building C - Meeting Room C1E

Roll Call

Sean Caffrey, EMPAC Interim

Coordinator

Sean Caffrey, Interim EMTS Operations Program Manager, conducted the roll call. A quorum was established.

Members Present

Dr. Stein Bronsky, Thomas Candlin, William Dunn, Dr. Gene Eby, Dr. William Hall, Dr. Art Kanowitz, Dr. Benji Kitagawa, Jason Kotas, Randy Kuykendall, and Dr. Kevin Weber

Members Excused

Members Absent

EMTS Section Staff Present

Members of the Public

None

Dr. John Abbott

Sean Caffrey, and Michelle Reese

Joe Darmofol, Bill Johnston, Eric Schmidt, Dave Bressler, Mark Turner, Roger Coit, Dr. Kevin McVanley, Dr. Patrick Maloney, Dr. Katie Bakes, Dr. Lara Rappaport, Dr. Gary Witt, Dr. David Hughes, Dr. Jay Wolkov, Dr. Mark Maertins, Bryan Hess, Dr. Tim

Hutchison, Kent Darnell

<u>Approval of Minutes</u> William Dunn, EMPAC Chair The draft minutes of the November 3, 2011, EMPAC meeting had been e-mailed to each of the EMPAC members for their review and approval. These minutes are also available for viewing at www.coems.info/EMPAC.

MOTION

MOVED BY DR. BILL HALL, SECONDED DR. GENE EBY, TO APPROVE THE MINUTES FROM THE NOVEMBER 3, 2011, EMPAC MEETING.

MOTION CARRIED

Correspondence

Will Dunn, EMPAC Chair

MOTION PASSED UNANIMOUSLY.

There were three correspondences received. Copies were provided by Mr. Sean Caffrey for committee's perusal. These were:

- Dr. Mark Turpen, Southwest Memorial Hospital regarding suggested updates to the formulary:
- Dr. Anthony Dumond, Durango Fire-Rescue regarding naloxone and nitroglycerin for EMT use; and
- Ms. Mary Makris, Poudre Valley, regarding EMT use of calcium gluconate gel.

Mr. Will Dunn suggested to the group that discussion wait until later in the meeting, as these topics would be addressed in the conversations related to the updates. The committee concurred.

CDPHE Staff Transition Report Randy Kuykendall, Interim Deputy Director

Mr. Randy Kuykendall provided an update regarding current staffing. He is acting as the Interim Deputy Director of the HFEMS Division. Ms. Michelle Reese is acting as the Interim Chief of the Emergency Medical and Trauma Services Section. It is expected that these positions will be filled shortly. There will be an internal search, which is open for others to apply with CDPHE.

The EMPAC Coordinator position is open to replace Mr. Nick Boukas. The position's job description has been re-written to include education piece with a working title of Education and Practice Coordinator. Mr. Sean Caffrey will serve as EMPAC Coordinator until a replacement is selected. Additionally, with the departure of Marilyn Bourn as the Education and Credentialing Supervisor, the department is taking the opportunity to refocus that position more on credentialing. The goal is to have these positions filled within next 60-90 days.

EMPAC Policy and Procedures Update

Sean Caffrey, EMPAC Interim Coordinator Mr. Sean Caffrey provided an update on some of the EMPAC policies and procedures. Implementation of new waiver deadlines:

Starting with the next quarterly meeting, the deadline for waiver applications will be the first business day of the month prior to the meeting date (i.e. for the May 14th meeting, deadline will be April 2nd). The website instructions will be updated to reflect change. Waiver review process policy development:

Draft policies have been started regarding waiver review and screening steps. The majority of the committee indicated that the use of on-line document sharing technology via DropboxTM was working well. Some indicated difficulty accessing the DropboxTM website. Therefore, it was decided to continue to upload to the file exchange in addition to the on-line file sharing website.

Revisit of standing committees & task forces:

Discussion led to the decision to assign task force members to committees and task forces as needed, rather than standing group.

Waiver separation and classification improvements

There is a need to improve categorization for the waiver process. The following solution was proposed; align the application to database and tie application to the waiver authorization letter. The waivers will be categorized as such: one item, one physician and one agency per waiver. Mr. Caffrey followed up with a power point presentation outlining the basic updates. Discussion followed regarding several situations. These were in regards to defining whether an EMS provider is initiating or maintaining medications, categorization of the type of transport and trauma team composition, to name a few. Mr. Caffrey closed the discussion by indicating that waiver update includes a break out of the more complex questions to really identify the specific situation. Additionally, a draft waiver application will be created and tested for its efficacy and clarification.

2012 Practice Rules Update & <u>Timeline</u>
Michelle Reese, Interim EMTS
Section Chief

Chief Michelle Reese brought up for discussion how to manage practice rule changes in regards to the newly established Executive Order 5 and how this would impact rule change timelines. Executive Order 5 is a mandate to survey local governments when rule changes are being considered that may impact them. It was suggested that having a set schedule for rule changes will make it easier for reviewing rules and keeping everyone up to date. A timeline will need to be established to review rule change requests. Through Discussion it was determined that a process will be initialed in April of 2012, and will continue though at least November of 2012.

Review and Discussion of Parking

Lot Items

Sean Caffrey, EMPAC Interim Coordinator The following items were on the Process Items Parking Lot list:

- ~Ongoing timeline for Practice Rule Updates
- ~Improved Application
- ~Policy for Initial and Renewal Application

Added two items:

- ~Improved and Integrated Data Submission)
- ~Integrate Waiver Statistics into Rulemaking

The following items were on the Clinical Items Parking Lot list:

- ~Pediatric RSI Guidelines
- ~Ventilator Clarification
- ~Y*- Direct Verbal Order
- ~RN/Paramedic CCT Teams
- ~Procedural Sedation
- ~Assist with Prescribed Medication
- ~Classes versus Specific drugs
- ~Lab Tests (I-Stat)

Added one item:

~Paramedic Additional Practice (i.e. Community Paramedic)

Discussion of Parking Lot items ensued. Items discussed included a mention that Interfacility transfers should be broken out, as the flight teams have a different need. Additionally, it was requested that Critical Care Transport (CCT) needs to be reviewed in regards to the trauma system, especially in terms of regional issues.

Potential Rule Updates for the following:

CPAP/BiPAP/PEEP; Cardioversion for EMTs-Is; Urinary Catheters; Single Lumen Airways; Nicardipine; Norepinephrine' Diltiazem; Heliox; Oxytocin; Atomized Naloxene (EMT); Surgical Cricothyrotomy; Calcium Gluconate Gel; Lactate Monitoring; Solucortef; Droperidol.

CDPHE Report

Randy Kuykendall, Interim Deputy Director

Mr. Randy Kuykendall presented a generalized report.

- Staff updates were covered previously.
- Rapid Trauma Improvement Event is scheduled for March 6-8 and April 9-11.
 Meetings will be facilitated by Ms. Nancy McDonald, using Lean methodology.
 Meetings will be open to the public and use technical experts. There have been 10 members selected to identify items for improvement. One of the high profile issues will be the technical aspects Recommendation will go to SEMTAC.
- Grants program applications are due by February 15th at 5pm.
- Update on the data management transition to ImageTrend. The Matrix system will be offline in March. Feedback on the transition was positive. There was a request to make sure training is accessible for everyone by providing additional evening sessions.
- Commented about how decisions are made. Designate different individuals to have "signature approval" based on advisory group input as directed by Dr. Chris Urbina. Additionally, the roles of Dr. Art Kanowitz and Mr. Kuykendall are as representatives of the Department. Acknowledgment was given to volunteer experts who provide insight into topics discussed and assurance that those opinions are heard and taken into consideration when making recommendations.
- Discussed issue of community paramedicine. There is a pilot project in Western Eagle County using EMS personnel in the non-acute environment. A consortium of agencies who applied for an Innovations Grant for partnering the EMS/Home Care services together are holding a one-day seminar within next 120 days for interested parties. Mr. Kuykendall presented the question of providing committee oversight, whether this service may be viewed as a revenue stream and scope of practice for such an entity.

Pediatric RSI Guideline

Developement
Dr. Art Kanowitz

A task force was put together to look at Pediatric RSI. At the November 2011 meeting of EMPAC, a lengthy and controversial discussion occurred on this topic. Three new waivers were approved and as such, the pediatric experts expressed concern that their opinion wasn't heard.

It should be noted that any current Pediatric RSI waivers (including those reviewed and approved today) would expire in November 2012.

MOTION

MOTION BY DR. BILL HALL, SECONDED BY MR. JASON KOTAS TO FORM TASK FORCE TO REVIEW AND DEVELOP GUIDELINES FOR PEDIATRIC RSI.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Chief Michelle Reese will staff task force. Dr. Hall and Mr. Kotas will be heading up.

Additional discussion ensued regarding this issue. The following are some highlights from this discussion:

- Concern was raised about the safety of this procedure.
- Some expressed opinion stating that they were not comfortable with this procedure at all and this needs to be the starting point.
- There is a current adult protocol that could serve as a starting point.
- There was a request to define items for task force, have the whole issue discussed and look to other state agencies' guidelines.
- There were some members who recognized the need for stringent guideline, but supported the waiver process for this procedure.
- A request for a clean review of the data was made.
- It was noted to take caution with examining this issue, as when a regulatory agency
 takes away something that is currently approved, that agency needs to consider it
 carefully.

Consideration of Updated Adult RSI Guidelines

Dr. Art Kanowitz

At the 3 November 2011 meeting, EMPAC suggested changes in the state guideline. Dr. Art Kanowitz incorporated the changes and distributed to the committee for review. Brief discussion ensued. The following changes were recommended:

- Remove Propofol from approved post paralysis sedation medication list, due to issues
 occurring with administration of this medication in some ERs.
- Change guidelines regarding any wording related to pediatric patients. Define age group for "younger patients" to reflect that this procedure is approved for "patients aged 13 to 18" in decision tree.
- Change Post Paralysis Sedation section to state "administer approved post paralysis sedation," rather than specifying drugs.

All other changes made by Dr. Kanowitz approved.

MOTION BY DR. BILL HALL, SECONDED BY DR. GENE EBY TO RECOMMEND COLORADO EMS WAIVER PROTOCOL RSI - ADULT GUIDELINES WITH NOTED CHANGES.

MOTION PASSED UNANIMOUSLY.

MOTION CARRIED

MOTION

Waiver Review and Recommendations William Dunn, EMPAC Chair

There were a number of waivers requested for the consent agenda. Based on ongoing additional discussion, most were withdrawn from the consent agenda and discussed further. The following item remained on the consent agenda and was approved.

CONSENT AGENDA

12-29 Dr. Kevin Weber - Renewal Application for Vecuronium for Southern Colorado Regional EMS Inc. dba MedTrans.

MOTION

MOVED BY Dr. BILL HALL, SECONDED BY JASON KOTAS, TO APPROVE THE WAIVER REMAINING ON THE CONSENT AGENDA.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

12-24 Dr. David Hughes-Renewal Intubation for Upper San Juan Health Services District

Dr. David Hughes presented waiver application for Pediatric RSI in Upper San Juan Health Application for Pediatric Rapid Sequence Services District. This was a portion tabled from a previously applied for waiver of RSI for all ages in April 2011. Dr. Hughes discussed the waiver request and background and pointed out that this technique is viewed as the last resort.

> Application was reviewed by Dr. Benji Kitawaga and Jason Kotas. A discussion ensued regarding the location of where most pediatric RSIs used as examples in the waiver were performed. Additionally, the issue of need in regards to population was discussed. Dr. Hughes did state concern about limiting options given the rural location.

It was reiterated several times that this was not a statement about the agency's abilities, just the issue of Pediatric RSI. Mr. Dunn requested that Dr. Hughes withdraw the waiver and therefore no action will be needed. Dr. Hughes consented. It was acknowledged that Dr. Hughes has been willing to have this application be put on hold multiple times.

12-1 through 12-7 Dr. Tim Hutchinson Initial Waiver Applications for Airlink at Medical Center of the Rockies

Dr. Tim Hutchinson was presented with a myriad of general questions prior to the discussions related to specific waivers. These questions pertained mostly to the functionalities of this operation and included inquiries such as a summary of the required training and certification process to having success in finding qualified personnel. Some waiver specific questions surrounded the issue of Pediatric RSI and given the current Pediatric RSI discussion, Mr. Will Dunn asked to have that request to be put on hold. Dr. Hutchinson consented. There was also a discussion followed regarding Cardene and Hydralazine maximum doses. Dr. Hutchinson indicated he would make the changes to reflect appropriate maximum dosing in applicable protocols.

First set of waivers were reivewed by Dr. Stein Bronsky and Mr. Tom Candlin:

- 12-01 Dr. Tim Hutchison Initial Application for Blood Products for Airlink at Medical Center of the Rockies - withdrawn because only intended to be used for interfacility transport; no waiver required for this purpose.
- 12-02 Dr. Tim Hutchison Initial Application for Cardene for Airlink at Medical Center of the Rockies.
- 12-03 Dr. Tim Hutchison Initial Application for Diltiazem for Airlink at Medical Center of the Rockies.
- 12-04 Dr. Tim Hutchison Initial Application for Fosphenytoin for Airlink at Medical Center of the Rockies.
- 12-05 Dr. Tim Hutchison Initial Application for Crotalid Antivenin for Airlink at Medical Center of the Rockies.
- 12-06 Dr. Tim Hutchison Initial Application for Esmolol for Airlink at Medical Center of
- 12-07 Dr. Tim Hutchison Initial Application for Etomidate for Airlink at Medical Center of the Rockies - withdrawn, as this medication is included in the RSI waiver put forth in waiver 12-18.

MOTION

MOVED BY DR. BILL HALL, SECONDED BY DR. GENE EBY TO APPROVE WAIVERS 12-02 THROUGH 12-06 ON THE CONSENT AGENDA AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

Clarification by Dr. Art Kanowitz regarding that waivers 12-2, 12-3, and 12-6 are for interfacility only and 12-4 and 12-5 are for all applications.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY

12-8, 12-11, 12-12, 12-14, 12-15 Dr. Tim Hutchinson Initial Waiver Applications for Airlink at Medical Center of the Rockies Second set of waivers were reviewed by Dr. Kevin Weber and Dr. Bill Hall:

- 12-08 Dr. Tim Hutchison Initial Application for Hydralazine for Airlink at Medical Center of the Rockies.
- 12-11 Dr. Tim Hutchison Initial Application for Metaprolol for Airlink at Medical Center of the Rockies.
- 12-12 Dr. Tim Hutchison Initial Application for Nitroprusside for Airlink at Medical Center of the Rockies.
- 12-14 Dr. Tim Hutchison Initial Application for IV Nitroglycerin for Airlink at Medical Center of the Rockies.
- 12-15 Dr. Tim Hutchison Initial Application for Octreotide for Airlink at Medical Center of the Rockies.

MOTION

MOVED BY DR. BILL HALL, SECONDED BY DR. KEVIN WEBER TO APPROVE WAIVERS 12-08, 12-11, 12-12, 12-14, AND 12-15 ON THE CONSENT AGENDA AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY

12-9 Dr. Tim Hutchinson - Initial Application for Ketamine for Airlink at Medical Center of the Rockies Discussion regarding the use of this medication in regards to pediatric patients. Committee indicated that the use for pediatric patients needed to be limited to usage in RSI procedures and only administered by an RN.

MOTION

MOVED BY DR. BILL HALL, SECONDED BY DR. KEVIN WEBER TO APPROVE WAIVER 12-09 WITH STATED CLARIFICATIONS FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY

12-10 Dr. Tim Hutchison– Initial Application for Labetalol for Airlink at Medical Center of the Rockies Dr. Bill Hall asked for clarification of when Labetalol would be used after benzodiazepines for protocol, as beta blockers are not first line therapy for sympathomimetic toxicity. Response was satisfactory.

MOTION

MOVED BY DR. BILL HALL, SECONDED BY DR. KEVIN WEBER TO APPROVE WAIVER 12-10 WITH STATED CLARIFICATIONS FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY

12-13 Dr. Tim Hutchison– Initial Application for Vecuronium for Airlink at Medical Center of the Rockies A question was raised in regards to using this medication for chemical paralysis in lieu of Rocuronium . Dr. Tim Hutchinson gave the indication that Vecuronium needs to be given by RN. Requested for clarification as far as administering if using during transport after RSI; need to clarify on waiver. Waiver to state that if a paralytic is going to be administered for patients under 13 years of age, a RN must administer.

MOTION

MOVED BY DR. HALL, SECONDED BY DR. WEBER TO APPROVE WAIVER 12-13 WITH STATED CLARIFICATIONS FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

12-16 Dr. Tim Hutchison– Initial Application for Propofol for Airlink at Medical Center of the Rockies MOTION PASSED UNANIMOUSLY

Waiver was reviewed by Dr. Gene Eby and Dr. John Abbot. No concerns arose during review or brought forth by committee during 2.13.12 meeting.

MOTION

MOVED BY DR. GENE EBY, SECONDED BY DR. KEVIN WEBER TO APPROVE WAIVER 12-16 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

12-17 Dr. Tim Hutchison– Initial Application for RSI - Pediatric for Airlink at Medical Center of the Rockies MOTION PASSED UNANIMOUSLY

Request to be withdrawn. Dr. Hutchinson consented.

12-18 Dr. Tim Hutchison– Initial Application for RSI for Airlink at Medical Center of the Rockies Waiver was reviewed by Dr. Benji Kitawaga and Mr. Jason Kotas. No concerns arose during review or brought forth by committee during 2.13.12 meeting.

MOTION

MOVED BY DR. BENJI KITAWAGA, SECONDED BY MR. JASON KOTAS TO APPROVE WAIVER 12-18 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

12-19 through 12-23 Dr. Tim Hutchinson Initial Waiver Applications for Airlink at Medical Center of the Rockies

MOTION PASSED UNANIMOUSLY

The following waivers were reviewed by Dr. Gene Eby and Dr. John Abbott. No concerns arose during review or brought forth by committee during 2.13.12 meeting.

- 12-19 Dr. Tim Hutchison Initial Application for Surgical Cricothyrotomy for Airlink at Medical Center of the Rockies.
- 12-20 Dr. Tim Hutchison Initial Application for Tenecteplase for Airlink at Medical Center of the Rockies.
- 12-21 Dr. Tim Hutchison Initial Application for Tissue Plasminogen for Airlink at Medical Center of the Rockies.
- 12-22 Dr. Tim Hutchison Initial Application for Norepinephrine for Airlink at Medical Center of the Rockies.
- 12-23 Dr. Tim Hutchison Initial Application for Surgical Phenyelphrine for Airlink at Medical Center of the Rockies.

MOTION

MOVED BY DR. EBY, SECONDED BY DR. KEVIN WEBER TO APPROVE WAIVER 12-18 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

There was a correction noted to waiver 12-21 that it should state for inter-facility only.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

12-31 Dr. Jay Wolkov - Renewal Application for Rapid Sequence Intubation for Gunnison EMS and Hinsdale County EMS

Dr. Benji Kitagawa and Mr. Jason Kotas reviewed. Discussion followed regarding the fact that these were part of the old waivers that did not have an expiration. The facility inquired whether the pediatric portion of the RSI waiver could be removed from protocol. Consensus was yes.

MOTION

MOVED BY DR. BENJI KITAGAWA, SECONDED BY DR. GENE EBY TO APPROVE WAIVER 12-31 WITH STATED CHAGES AND STAFF REVIEW FOR 3 YEARS WITH TYPICAL REPORTING.

Question asked if this waiver will come up for review when Dr. Jay Wolkov retires. Answer was no, because Dr. Gary Witt is listed as co-director. Department agreed to filling out RSI reporting forms for cases that occurred prior to report form being available.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

12-32 Dr. Jay Wolkov - Renewal Application for Surgical Cricothyrotomy for Gunnison EMS and Hinsdale County **EMS**

Dr. Hall mentioned thanks for all the help provided by Dr. Wolkov over the years. Waiver was reviewed by Dr. Gene Eby and Dr. John Abbott. No concerns arose during review or brought forth by committee during 2.13.12 meeting.

MOTION

MOVED BY DR. EBY, SECONDED BY DR. BILL HALL TO APPROVE WAIVER 12-32 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY

12-33 Dr. Mark Maertins - Initial Denver/CONSENT Agenda

Dr. Mark Maertins presented his waiver for Phenylephrine and explained that this Application for Phenylephrine for Airlife medication has been used for hypotensive/stroke patients. Dr. Gene Eby remarked that he had no problems with this protocol. Mr. Will Dunn asked for clarification on the classification of hypotensive.

MOTION

MOVED BY DR. GENE EBY, SECONDED BY DR. KEVIN WEBER TO APPROVE WAIVER 12-33 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

12-25 Dr. Kevin Weber-Initial Application for Norepinephrine for Southern Colorado Regional EMS Inc. dba MedTrans

MOTION PASSED UNANIMOUSLY

Waiver reviewed by Dr. Gene Eby and Dr. John Abbott. No concerns arose during review or brought forth by committee during 2.13.12 meeting.

MOTION

MOTION

MOVED BY DR. GENE EBY, SECONDED BY DR. BILL HALL TO APPROVE WAIVER 12-25 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY, DR. KEVIN WEBER ABSTAINING. Waiver was reviewed by Dr. Benji Kitawaga and Mr. Jason Kotas. No concerns arose

during review or brought forth by committee during 2.13.12 meeting.

12-26 Dr. Kevin Weber-Renewal Application for Rapid Sequence Intubation for Southern Colorado Regional EMS Inc. dba MedTrans

MOVED BY DR. BENJI KITAWAGA, SECONDED BY MR. JASON KOTAS TO

APPROVE WAIVER 12-26 AS WRITTEN FOR 3 YEARS WITH TYPICAL

REPORTING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY, DR. KEVIN WEBER ABSTAINING.

12-27 Dr. Kevin Weber– Renewal Application for Pediatric Rapid Sequence Intubation for Southern Colorado Regional EMS Inc. dba MedTrans Request to be withdrawn. Dr. Kevin Weber consented.

12-28 Dr. Kevin Weber– Initial Application for Propofol Maintenance for Southern Colorado Regional EMS Inc. dba MedTrans Waiver request was reviewed by Dr. Gene Eby and Dr. John Abbott. Dr. Eby had questions about what constitutes a team in making decisions to administer medication and the availability of a decision tree. Clarification provided by Mr. Kent Darnell, who indicated that the availability of staff drives the decision and circumstances as discussed with sending physician. This medication is utilized for intubation/RSI maintenance during inter-facility transfers.

MOTION

MOVED BY DR. GENE EBY, SECONDED BY DR. BILL HALL TO APPROVE WAIVER 12-28 AS WRITTEN FOR 3 YEARS WITH TYPICAL REPORTING.

Dr. Hall had questions about internal level designations listed in waiver. Dr. Kevin Weber explained that P1 indicated a new paramedic, P2 indicated a paramedic with experience that may be with other agencies and P3 indicated a paramedic with direct agency experience.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY, DR. KEVIN WEBER ABSTAINING.

12-30 Dr. Kevin Weber– Initial Application for IV Midazolam for Southern Colorado Regional EMS Inc. dba MedTrans Request to be withdrawn, as medication included in RSI protocol and no waiver needed. Dr. Weber consented.

New Business

Pediatric RSI Data Reporting

Dr. Bill Hall initiated discussion standardizing waiver data recording process of pediatric RSI in order to have a better review of efficacy of this procedure. Currently on the waiver, there is a mechanism to record the basics, such as: # of providers, # of procedures, success/failures, etc., patient outcome, clinical data. Question was raised if there is a need to develop a standardized form to make end review of data easier, rather than a narrative method as it is currently. Might be helpful to have as a dashboard item to keep better track at a facility level that compares to national standards and from a historical perspective. There was mention that the database is still being updated and hoped to have linked waivers to current activity by 3rd quarter with transfer to ImageTrend program.

RN/paramedic combination team - what is the best way to handle? Chief Michelle Reese requested that this discussion be put on hold.

SEMTAC Updates

Mr. Will Dunn would like to give report to SEMTAC rather than Dr. Gene Eby. Mr. Dunn wanted committee's approval.

Adjournment

MOTION MOVED BY KEVIN WEBER, SECONDED BY DR. HALL, TO ADJOURN.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.